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# Coding VTC

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# Outline

- Coding PD Health
- AHIMA Books
- Compliance Plans
- AMEDD Coding Guidance
- 3M Continuing Ed
- ADM Close Outs
- Upcoming Events
- Grace Periods
- TMA UBO Update
- CPT 99199
- Questions

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# Coding Post Deployment Outpatient Encounters

- This still seems to be a “huge” problem for many sites
- Please communicate with your SRP staff
- The guidelines have been posted at www.pdhealth.mil since June 2003
- They apply to all DoD
- MUST be documented!
- Can’t just enter the code for no reason!
- See next slide

# http://www.pdhealth.mil

Welcome to PDHealth.mil - Microsoft Internet Explorer

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Search for Yahoo! 10 blocked Rank: 478,470

study designed to promote self-paced, self-directed stress management strategies. To participate in this study, please **click here**.

**PDH-CPG Listserv** is an electronic mailing list for PDH Practice Guideline teams members.

Updated on 06 MAR 2004

**Enhanced Post Deployment Assessment**

- DoD Deployment Health QA Program Policy, Jan 04
- DoD Policy on Completeness for Deployment Medical Records [Attachment]
- DoD Policy on Enhanced PDH Assessment
- Enhanced 2796 Form
- 2796 Form Primer
- 2796 Form Provider Fact Sheet
- Depleted Uranium
- **SARS Fact Sheet for Health Care Workers**
- Metrics and Surveillance
  - DoD
    - PDHA Tracking Database
    - Instructions on downloading this file
  - Army
    - Army Policy on PDHA Coding
    - Army Deployment Health Policy
- Re-Deployment Medical Threat De-Briefing
- Medical Threat Debriefing
- Medical Threat Information Brochures
  - A Soldier and Family Guide to Redeploying
  - Redeployment Medical Guide for Missions in Support of Operation Iraqi Freedom

Returning Soldiers Face Battle of Transition

Military Health Plan Denied Guard, Reserve

Pentagon Extends Reservists Health Care Coverage

Families of Soldiers Fight to Keep Lives on Track

External Links Disclaimer

**SCROLL down first page till you come to: "Enhanced Post Deployment Assessment."**

**Army coding guidelines have been listed since June 2003.**

**They were also adopted**

# Missing AHIMA Book Orders

In October 2003, the Deputy Surgeon General
purchased over 1900 titles in various coding references for 40 MTF's. Although not all AMA book orders have been received, shipments and communication remain steady.

What remains unsettling is the lack of communication or acknowledgement from many MTF's and AHIMA on the status of the AHIMA book order. To date, it appears as if over 56% of the AMEDD has not received their shipment.

**Health Information Management Compliance: A Model Program for Healthcare Organizations, 2002 Edition**
**Sue Prophet, RHIA, CCS** AHIMA (2002)
**Member Price: $59.00**

# Compliance Plans

The AMEDD is finally 100% on submitting Coding Compliance plans that address the TMA/HA elements required from the “Improving Medical Records Coding” memorandum in October 2003

# Compliance Plans

- Although compliance plans were reviewed for TMA/HA elements, comments were withheld on all other areas of “coding relevance” due to timeliness required to meet the TMA/HA suspense
- Many plans had referenced outdated “Coding Clinics” and had inaccurate coding guidance contained within
- Others were inconsistent with their coding audit procedures and contradicted themselves between text and attachments
- Several MTF’s also cited unrealistic auditing methodologies for their MTF’s among other policies
- Remarkably, nearly every MTF indicated they appointed a “Corporate Compliance Officer” to their strategy

# Compliance Plans

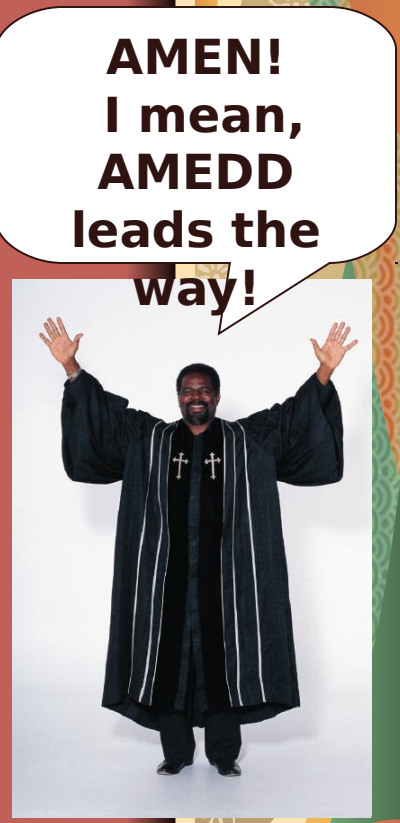
- It’s sort of like coding…
  - **“If it isn’t documented…it didn’t happen”**
- But in your compliance plans it’s more like…
  - **“We documented it…so it must be happening!”**

# AMEDD Coding Guidelines

***This is proposed. Do NOT change from what you are doing yet.***

Proposed

- Anesthesia:
  - Change from adding anesthesia codes (erroneously) onto surgeon's SADR when anesthesiologist performed service
  - Establish new SADR for anesthesia provider "professional" services in D MEPRS account
  - Surgeon still has their own surgery SADR
  - HCPCS J codes for analgesia meds get coded on a separate SADR for "institutional" services



# 3M Continuing Education

- 3M Learning courses meet the professional continuing education standards of various accrediting organizations
- All courses have been granted prior approval by AHIMA and the American Academy of Professional Coders (AAPC) for CE credits
- Continuing education offerings are outlined in the 3M Administrator's Manual at www.3mlearning/army.com and addressed (for providers in the FAQ's)
- Upon completion of the course, coders submit a copy of the completion certificate or transcript directly to AHIMA or AAPC
- Providers should submit their certificates or transcripts and a request for credits to their appropriate organization (such as the AMA)

# 3M Continuing Education

- Continuing education (CE/CME) credits are available for each curriculum and course:

- **Ambulatory Coding Curriculum (24.5 CEs)**
  - Ambulatory ICD Coding—11 CEs in Clinical Data Mgmt
  - Ambulatory CPT Coding I—8.5 CEs in Clinical Data Mgmt
  - Ambulatory CPT Coding II—5 CEs in Clinical Data Mgmt

- **Physician Coding Curriculum (18 CMEs)**
  - Physician CPT Coding I—11 CEs in Clinical Data Mgmt
  - Physician CPT Coding II—7 CEs in Clinical Data Mgmt

# Closing Out “Very” Old Encounters

- Close-out the backlog of open encounters aged 1 year or more for which you have exhausted all resources in finding the clinical documentation
- If your MTF is has tens of thousands of these encounters- take action to keep your business process flowing
- Consult legal if necessary since you will effectively be “negating” encounters that you can not account for
- Prepare a memorandum for record (MFR) and keep on file in DQ, QM or RM files
- Establish this precedence at MTF level- do not allow “close outs” to be recklessly performed at clinic level
- Establish Command policy

# Closing Out “Very” Old Encounters

- Why is this important?
  - **For every SADR completed– Productivity can be measured for providers AND coders in the Army Staffing Assignment Module (ASAM’s)**
- There is NO solution for “old” Tel-Con’s” yet

# Closing Out “Very” Old Encounters

- E&M= 99499
  - As the “placeholder” in ADM due to system limitations
- Diagnosis= V68.89
  - Other specified administrative purpose
  - Because ADM also requires an ICD-9-CM to complete the SADR
- No CPT procedure since there is no documentation available, and subsequently- no RVU
- This coding closes the encounter out “administratively” in ADM and produces a SADR that feeds into productivity models for your MTF

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# Upcoming Events

- PASBA Staff Assistance Visit to ERMC 10-21 Apr 04
- Patient Administration Symposium 25-30 Apr 04
- PASBA Staff Assistance Visit to Eisenhower 4-6 May 04
- Uniform Biostatistics Utility (UBU) Workgroup 8-10 Jun 04 in San Antonio (closed meeting)
- Joint UBO/UBU Conference 12-16 July in San Diego (agenda and registration pending)

# Elimination of 90-day Grace Period for HCPCS Codes

- Effective 1 Jan 05, there is no longer a 90-day grace period for to use discontinued HCPCS codes for services rendered the first 90-days of the new year
- Driven by HIPAA
- Always use current codes
- This should not really be an issue for DoD, since only current code sets are maintained
- Effects *you* if you “moonlight” at civilian hospitals
- Just a reminder to keep all “pick lists current”

# TMA Uniform Business Office Update

- Since Outpatient Itemized Billing (OIB), TMA UBO lacks an APV institutional charge
- Potentially $ millions have been unrealized
- Rates were assigned to CPT codes but the APV was not included!
- An (unfunded) SCR to address the long-term automated solution was submitted
- An interim “coding” solution is proposed

# TMA Uniform Business Office Update

- Assign APV institutional charge to CPT code 99199
- 99199: Unlisted special service, procedure or report
- CY04 rate package proposes this change with a release date of June 04
- Single rate for all APV's
- Establishes a separate institutional SADR consistent with civilian practices

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# CPT 99199

- What does this mean to your MTF?
  - **ALL MTF's and separate clinics MUST cease any use of this code immediately!**
- TMA UBO requests that we get the word out now; change all "pick lists" to include ADM templates; contact all clinics, etc

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# CPT 99199

- MTF most frequent users but by far not the only users:

Primary care (9709)
Social work (7192)
Community health (5040)
Endocrinology (1283)
Medical Examination (1076)
Immunization (7331)
Occupational health (6773)
Occupational therapy (1890)
Flight medicine (1202)
Pediatrics (816)

- Pulled from M2 for FY03

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# CPT 99199

- Also seen in FBN, BEF, BGA, BFF, BAQ, BAA, BAB, BBI, BAB, FBZ, BAV, BAK, FBB, BBB, BIA, BBA, BBA, BAL, BFB, BEC, BFC, BFA, BBC, BHC, BEA, CAA, BHE, BHD, BCC, FAZ, BHI, BDB, BBK, BAM, and BAC
- These clinics represent close to 50,000 encounters with the “unlisted” 99199

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# Questions ?